

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336426330

Report Date: 01/26/2026

Date Signed: 01/26/2026 02:53:58 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/13/2026** and conducted by Evaluator Armando Perez

	COMPLAINT CONTROL NUMBER: 18-AS-20260113222258
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FACILITY NAME: VISTA MONTANA SENIOR LIVING	FACILITY NUMBER: 336426330
ADMINISTRATOR: MARIA FORKRUD	FACILITY TYPE: 740
ADDRESS: 155 N. GIRARD ST.	TELEPHONE: (951) 658-2274
CITY: HEMET	ZIP CODE: 92544
CAPACITY: 120	DATE: 01/26/2026
MET WITH: Executive Director Maria Forkrud	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 03:05 PM

ALLEGATION(S):

1	Staff did not ensure that resident took medication as prescribed.
2	Staff did not address a change in resident's condition
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst's (LPAs), Armando Perez, Ahliah Sharp and Tremayne Barra conducted an
2	unannounced visit to deliver findings for a complaint investigation regarding the above allegations. LPA
3	Perez met with Executive Director Maria Forkrud, where the LPA explained the purpose of the visit and
4	the elements of the allegation. The investigation consisted of interviews with staff and witnesses, and file
5	reviews.
6	
7	On January 13, 2026, Community Care Licensing Division (CCLD), received a complaint alleging that
8	facility staff did not ensure that resident took medication as prescribed and staff did not address a change
9	in resident's condition. Interview with Executive Director, Maria Forkrud, revealed that the name provided
10	did not match any current or former residents. Interview with Staff 1 (S1) reviewed records and
11	corroborated ED statements. LPA attempted to interview Additional Witness 1 (AW1), in order to obtain
12	additional information; however, LPA was unable to obtain contact. Interview with Witness 2 provided the
13	correct address, further revealing that the additional information does not align with the current facility. Continued on LIC 9099-C.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 01/26/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/26/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20260113222258

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VISTA MONTANA SENIOR LIVING

FACILITY NUMBER: 336426330

VISIT DATE: 01/26/2026

NARRATIVE

1 A review of facility records, including resident rosters, revealed no documented names matching the
2 name reported.
3
4 Based on interviews, research, and record review, the allegation that facility staff did not ensure that
5 resident took medication as prescribed and staff did not address a change in resident's condition is
6 unfounded due to the listed resident not residing at the facility. A finding that the allegation is unfounded
7 meaning that the allegation was false, could not have happened, and/or is without a reasonable basis.
8 Therefore, this complaint is dismissed.
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10 An exit interview was conducted. A copy of this report was provided to Executive Director Maria Forkrud.
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 01/26/2026

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DATE: 01/26/2026

LIC9099 (FAS) - (06/04)

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